



## ARKANSAS STATE BOARD OF NURSING

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### **Background Information:**

At the August 25, 2004 Prescriptive Authority Advisory Committee meeting, the committee reviewed the Arkansas State Board of Nursing *Rules and Regulations* Chapter Four, Advanced Practice Nursing, for possible revisions.

The last revision to the advanced practice regulations was effective December 2002. The following changes are recommended by the Prescriptive Authority Advisory Committee and approved by the Board: (A marked up copy of the regulations is attached)

1. Revise Section III D.2 to add the word: "failure" and delete "the results."

**Rationale:** Clarification.

2. Add Section III E.3-which reads: "If disciplinary proceedings have been initiated against an individual with a lapsed, inactive or retired license, the license shall not be renewed until the proceedings have been completed". Renumber the section to coincide with the above recommendation for adding Section III E.3.

**Rationale:** This is to be consistent with the Administrative Procedure Act.

3. Add Section III F.2-which reads: "The license is lapsed if the RN license to practice in Arkansas is not renewed by the expiration date". Renumber the section to coincide with the above recommendation for adding Section II F.2.

**Rationale:** This would clarify that the RN license is required for APN licensure.

4. Delete Section III G.7.

**Rationale:** Moved to Section III. E.3.

5. Delete Section III H.8.

**Rationale:** Moved to Section III.E.3.

6. Revise Section VIII 3.A-so that it would read: “a. Three (3) graduate credit hour pharmacology course...

**Rationale:** Post baccalaureate is redundant.

7. Deletion of Section VIII.A.5. which is the following requirement for an initial applicant to obtain a certificate of prescriptive authority:

“Provide evidence of a minimum of one thousand (1000) hours of practice in an advanced practice nursing category prior to application for a certificate of prescriptive authority. The 1,000 hours of practice in an advanced practice nursing category may include transmitting a prescription order orally or telephonically or to an inpatient medical record from protocols developed in collaboration with and signed by a licensed physician.”

**Rationale:** This requirement has been in the regulations since they were originally developed in 1995. Since prescriptive authority did not exist before this time, the board could not be assured that the first applicants had had prescription writing experience in their educational programs. Thus, in an “abundance of caution”, the board required that the applicant spend at least six months, post graduation, working in an environment in which h/she could write prescriptions. With the inclusion of this experience in graduate level advanced practice nursing programs, this requirement is no longer necessary. As well, physician and physician assistant prescribes have no such licensure requirement.

8. Revise Section VIII.B.1.a.b.c.f.-renumber the statement to coincide with the above recommendation for removal of Section VII.A.5. so that it would read: “f. Meet requirements in Section VIII.A.1.5.6.” instead of Section VIII.A.1.6.7.

VIII.B.1. a. delete as this is covered below.

**Rationale:** add requirement that endorsement applicants have the same pharmacology requirements that initial applicants have.

VIII.B.1.b. add unencumbered.

**Rationale:** Strengthen endorsement rule

VIII.B.1.c. Change to 500 hours of active prescribing in last year.

**Rationale:** ensure that prescribing is current.

9. Delete Section VIII.D.3.a-which reads: “Prescribing stipulations are as follows: a. Legend drugs and therapeutic devices that are prescribed by the APN shall be included in the protocols as outlined in Subsection C. of this Section.” **Rationale:** This is a duplication of the Subsection C. and is not necessary.
10. Revise Section VIII.D.3.b. to add the words: “Legend drugs, therapeutic devices and” since it was deleted in 3.a and renumber the subsequent numbers.
11. VIII.D.3.d. The APN shall notify the Board in writing the next working day following termination of the collaborative practice agreement.

**Rationale:** A new collaborative practice agreement is required to be on file prior to reactivating prescriptive authority.

12. Delete Section VIII.D.6. as unnecessary.
13. Add VIII.D.7. to provide a rule for those who prescribe before obtaining certificate of prescriptive authority.
14. Revise Section VIII.H.1,2,

**Rationale:** Clarifies when the certificate of prescriptive authority lapses. Add VIII.H.2.-clarify that a new collaborative practice agreement is needed.

15. Delete Section VIII.I.